

Joanne Hurst
604 N. Colfax
Suffield, Ill
40319

91042642

819 JAN 82

REGISTRAR DISTRICT NO. 16.10
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

STATE FILE NUMBER
602150

1. DECEASED - NAME: ALAN F. HURST, SEX: MALE, DATE OF DEATH: JANUARY 28, 1982
2. RACE: White, ORIGIN OR DESCENT: European, AGE - LAST BIRTHDAY (YR): 45, UNDER 1 YEAR: 0, UNDER 1 DAY: 0, DATE OF BIRTH (MO., DAY, YEAR): 1/16/1937, COUNTY OF DEATH: Cook
3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: CHICAGO, HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN SIMILAR, GIVE STREET AND NUMBER): SOUTH CHICAGO HOSPITAL, 7d. D.O.A.

8. Education: Tuberculosis, 9. U.S.A. Document is: Deedette Karhause's, 10. Social Security Number: 345-28-5283, 11. Usual Occupation: Nurse, 12. U.S. War Veteran: No, 13. War or Dates of Service: None, 14. Father - Name: Not, 15. Informant's Signature: Joanne Hurst, 16. Relationship: Wife, 17. Address: 14227 So. Dabson, Dalton

18. DEATH WAS CAUSED BY: (a) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE, (b) DUE TO, OR AS A CONSEQUENCE OF, (c) DUE TO, OR AS A CONSEQUENCE OF. APPROXIMATE INTERVAL BETWEEN DEATH AND REPORT: 1 1/2 PH '81

19. ACCIDENT, SUICIDE, HOMICIDE OR UNNATURAL DEATH (YES/NO): NATURAL, 20. DATE OF INJURY: None, 21. HOW INJURY OCCURRED: None, 22. INJURY AT WORK (YES/NO): None, 23. PLACE OF INJURY: None

24. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND ON THE INFORMATION THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT... 25. MEDICAL EXAMINER'S SIGNATURE: Robert H. Steiner, M.D., DATE SIGNED: JANUARY 28, 1982, TIME: 4:40 P.M.

26. BURIAL: 26a. Holy Cross, 26b. Calumet City, Ill, 26c. Ruediger Federal Home, 26d. 2135 E. 83rd St, Chicago, Ill, 26e. 5137, 26f. JAN 30 1982

FILED Office of Vital Records (BASED ON 1978 U.S. STANDARD CERTIFICATE)

Key # 26 - 173 - 11 Plat of Review of BL 647
Towers can show add. E. 132.74 pt. L9 BL7



STATE OF ILLINOIS
LAKE COUNTY
FILED FOR RECORD

AUG 0 5 1991

AUG 2 1 1991

STATE REGISTRAR - VITAL RECORDS
DEPUTY STATE REGISTRAR

I HEREBY CERTIFY THAT the foregoing and the record as made from the original certificate therein and that this certificate was established and filed with the Department of Public Health in accordance with the statutes of Illinois.

11322
100